

SAMPLE - PROVIDER NETWORK CONTRACTING ENTITY REGISTRATION FORM

Provider Network Contracting Entity required disclosures:

1. All names used or that will be used by the provider network contracting entity to do the business of insurance in Texas:

2. Provider network contracting entity's mailing address:

3. Provider network contracting entity's main telephone number:

() - _____

4. Provider network contracting entity's primary contact name:

5. Provider network contracting entity's primary contact telephone number:

() - _____

NOTES:

This disclosure must include a description or a copy of the provider network contracting entity's basic organizational structure documents and a copy of organizational charts and lists that show:

- ◆ the relationships between the provider network contracting entity and any affiliates of the entity, including subsidiary networks or other networks; and
- ◆ the internal organizational structure of the provider network contracting entity's management.

As required under Insurance Code Section 1458.051, unless a person holds a certificate of authority issued by the department to engage in the business of insurance in Texas, or operates a health maintenance organization under Texas Insurance Code Chapter 843, the person must register with the department not later than the 30th day after the date on which the person begins acting as a provider network contracting entity in Texas.

Provider Network Contracting Entity – is a person who:

- enters into a direct contract with a provider for the delivery of health care services to covered individuals, and
- in the ordinary course of business establishes a provider network or networks for access by another party.